

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	12-11-00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	7/18
FORMALITY REVIEW	<i>[Signature]</i>	SC 825	08/21/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
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25	✓
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27	✓
28	✓
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32	✓
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43	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
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100	✓

Claim	Date
101	✓
102	✓
103	✓
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110	✓
111	✓
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136	✓
137	✓
138	✓
139	✓
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141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy